



# Donation Request Form

Today's Date: \_\_\_\_\_

## Step 1: Requestor Information

Requestor: \_\_\_\_\_  
*Last Name or Site Committee* *First* *M.I.*

FMSA Location: \_\_\_\_\_  
*Location* *City* *State* *Zip Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Step 2: Recipient Information

Make Payable To: \_\_\_\_\_  
*Organization Name (please be precise; no abbreviations)* *Tax Exempt Number*

Mailing Address: \_\_\_\_\_  
*Mailing Address* *City* *State* *ZIP Code*

Contact: \_\_\_\_\_  
*Name* *Phone*

\_\_\_\_\_ *Title* *Fax*

Send Check To:  Employee Requesting Donation  Organization

Purpose of Donation: \_\_\_\_\_

## Step 3: Type of Request (Select One)

**Monetary Donation** *Requests that meet Fairmount Santrols' defined areas of focus will be considered for a contribution.*

Amount of Request: \$ \_\_\_\_\_ Previous Donation / Year: \$ \_\_\_\_\_ / \_\_\_\_\_ Requested By Date: \_\_\_\_\_

**All monetary donation requests require the following (please attach separate documents):**

- 1) Description of organization, it's mission, and accomplishments, and the purpose and objectives of the request..
- 2) Copy of IRS certificate granting 501(c)3 status. If not a 501(c)3 organization, a Vendor Information form (page 1) must be completed and attached.

**If request is equal to or greater than \$2,500, in addition to the above, the following information will be required:**

1) List of Fairmount Santrol employees who serve on the board or actively volunteer for this organization:

- |          |          |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

2) A concise description of the target beneficiary as well as a description of the needs and goals and/or activity to be carried out.

3) Three signatures approving the donation (site committee members) and plant manager:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plant Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**\$500 Grant for Personal Volunteer Time**

*Fairmount Santrol will grant \$500 to a tax-exempt organization of your choice for every 20 personal hours you donate up to twice per year; subsequent 20 personal hours will be granted \$100.*

Amount of Request: \$ \_\_\_\_\_ Total Personal Volunteer Hours To Date: \_\_\_\_\_ Requested By Date: \_\_\_\_\_  
 Brief description of volunteering: \_\_\_\_\_

**Employee Matching Gift Request**

*Fairmount Santrol will match employee contributions to tax-exempt organization on a 1:1 ratio up to \$1,000 annually.*

Total Funds Granted for Current Year: \$ 1,000.00 Please provide verification of your contribution, for example, credit card receipt, cancelled check, etc.  
 Total Funds Requested to Date: \$ \_\_\_\_\_  
 Total Funds Available: \$ \_\_\_\_\_  
 Total Funds Requesting: \$ \_\_\_\_\_ Requested By Date: \_\_\_\_\_

**In-kind or Product Donation**

*Fairmount Santrol will donate products and other in-kind donations to tax-exempt organizations.*

Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Step 4: Please give to your Community Investment Site Contact for processing.**

**To be Completed by Site Contact**

Approved:  Yes  No By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Focus Area (select all that apply):  
 Education G/L # \_\_\_\_\_ . \_\_\_\_\_ . EDU Amount: \$ \_\_\_\_\_  
 Environment & Environmental Education G/L # \_\_\_\_\_ . \_\_\_\_\_ . ENV Amount: \$ \_\_\_\_\_  
 Health & Wellness G/L # \_\_\_\_\_ . \_\_\_\_\_ . WELL Amount: \$ \_\_\_\_\_  
 Discretionary G/L # \_\_\_\_\_ . \_\_\_\_\_ . DISC Amount: \$ \_\_\_\_\_  
 Forwarded to [FMLFoundation@fairmountsantrol.com](mailto:FMLFoundation@fairmountsantrol.com) for payment?  Yes  No Date: \_\_\_\_\_  
 Entered on Tracking Database?  Yes  No By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_